



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED

By Carol Day at 1:58 pm, Aug 18, 2015

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500112	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 08/17/2015
LOCATION OF INSTRUMENT (STREET AND CITY) Callaway County Jail, Route O, Fulton, Missouri 65		TIME OF INSPECTION 10:46:24

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

DATE AND TIME 08/17/2015 10:46:26

☒ DETECTOR

☒ PROGRAM

☒ FILTER 1

☒ SAMPLE CHAMBER 48.8°C

☒ FILTER 2

☒ BREATH TUBE 44.7°C

☒ FILTER 3

☒ PUMP

☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR STANDARD

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG516801 EXP. DATE 06/17/2017

☐ SIMULATOR TEMP (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR EXP DATE \_\_\_\_\_

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.098

TEST 2: 0.098

TEST 3: 0.098

☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0    0-.04: 3    .05-.09: 4    .10-.14: 0    .15-.19: 1    OVER .19: 0

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

CHANGED SUPPLIER NAME. SAME TANK OF DRY GAS. SUPPLIER SHOULD HAVE BEEN LABELED AS INTOXIMETERS NOT AIRGAS.

INSPECTING OFFICER

SIGNATURE

PRINT FULL NAME

MARYLYN A DICKENS

TYPE II PERMIT NUMBER

240388

EXPIRATION DATE

11/13/2016

TELEPHONE NUMBER

573-751-1000

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd, Poplar Bluff, MO 63901